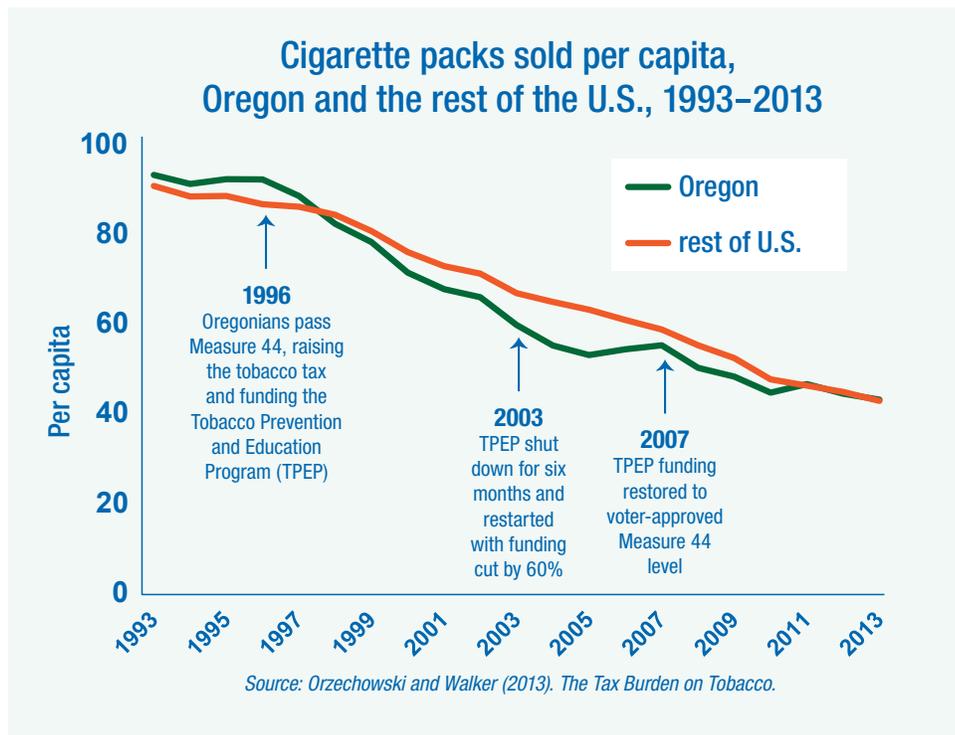


>> Prevent and reduce tobacco use



Tobacco use remains the number one cause of preventable death in Oregon and nationally. Tobacco use kills approximately 7,000 Oregonians each year, and secondhand smoke causes an additional 650 deaths.¹ Tobacco use causes lung cancer, cardiovascular disease and chronic obstructive pulmonary disorder. It is a major risk factor in developing asthma, arthritis, diabetes, stroke, tuberculosis and ectopic pregnancy – as well as liver, colorectal and other forms of cancer. It also worsens symptoms for people already battling chronic diseases. Smoking costs Oregon more than \$2.5 billion annually in medical expenditures and through indirect costs due to premature death.

Oregonians voted in 1996 for Measure 44, which raised cigarette taxes and funded the Tobacco Prevention and Education Program. The graph below shows cigarette consumption has declined in Oregon during the last 20 years. Per capita cigarette consumption has decreased by 56% since the Tobacco Prevention and Education Program began in 1997.



Current cigarette smoking among Oregon adults has decreased over recent years. Since 2010, smoking prevalence among Oregon adults has decreased 14%.

Current cigarette smoking among adults, Oregon 2010–2013

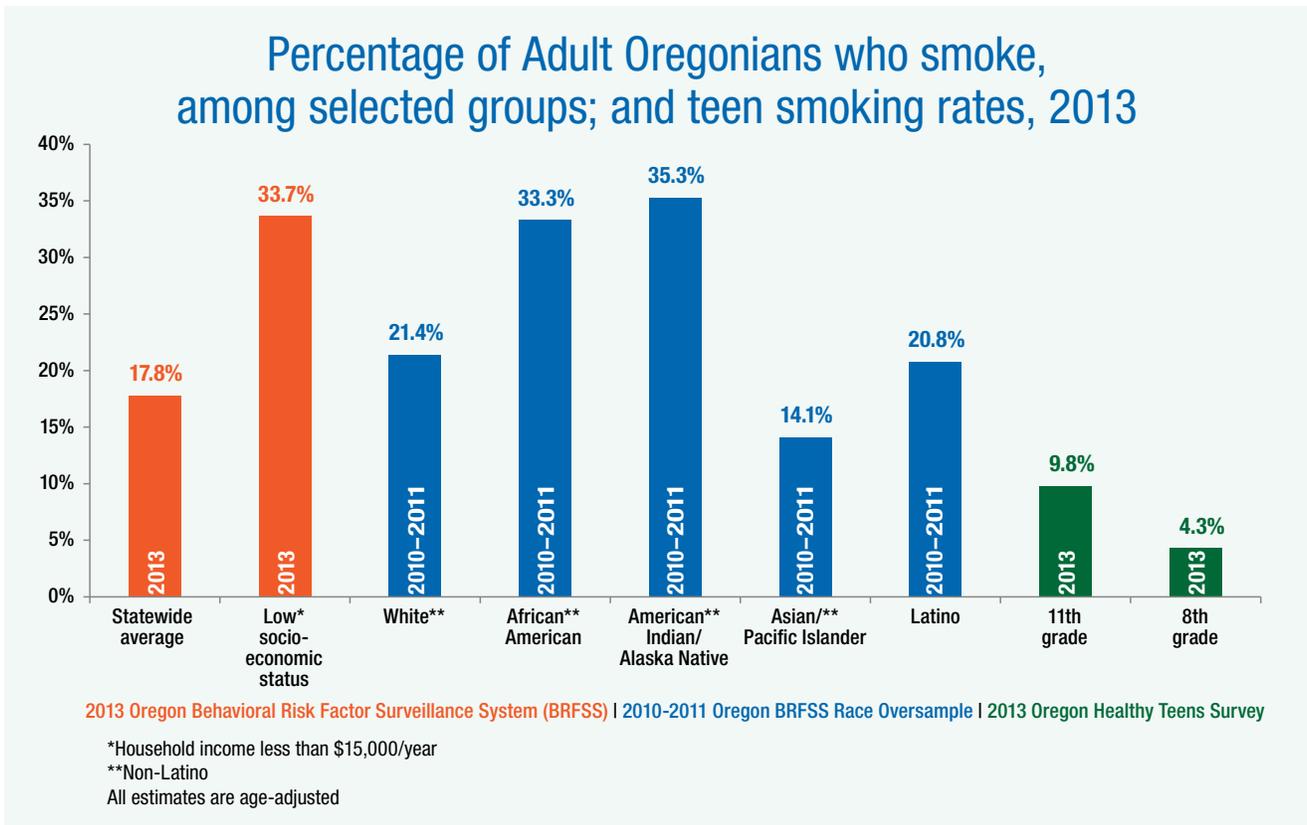
	Age-adjusted (%)			
	2010	2011	2012	2013
Current cigarette smoking	20.7	20.5	18.5	17.8

Source: Oregon Behavioral Risk Factors Surveillance System 2010–2013; age-adjusted to the 2000 standard population.

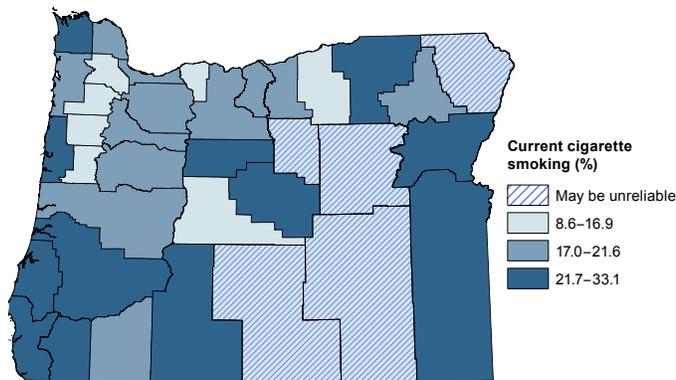
However, cigarette smoking continues to be a significant risk factor among Oregon adults. Approximately 519,100 Oregonians smoke cigarettes. When smokeless tobacco is included, this number increases to approximately 604,600 adult tobacco users in Oregon.²

The burden of tobacco use falls hardest on lower-income Oregonians and certain racial and ethnic groups, who use tobacco at higher rates and suffer the harshest consequences in terms of chronic disease burden.

Tobacco use prevalence among adults is nearly twice as high among African Americans and American Indian/Alaskan Natives than among the general population (33.3%, 35.3% and 17.8%, respectively).



Cigarette use among Oregon adults, by Oregon county, 2010–2013



Rates of tobacco use are almost twice as high among adults of low socioeconomic status than among the general population (33.7%, 17.8%). Cigarette smoking prevalence among Oregon adults with less than a high school education is four times higher than among those who have graduated from college.¹ Tobacco prevalence is also higher among Oregon adults enrolled in Medicaid; 29.3% of Oregon adults enrolled in Medicaid smoke cigarettes.³

Current cigarette smoking rates vary across Oregon counties. Lincoln County has the highest smoking prevalence at 33%, and Wallowa County has the lowest at 9%.

(Wallowa County’s rate should be interpreted with caution because the estimate may be statistically unreliable.)

Cigarette use among Oregon adults, by Oregon county, 2010–2013

County	Cigarette smoker (%)
Baker	23.2
Benton	14.3
Clackamas	18.3
Clatsop	21.6
Columbia	18.6
Coos	27.5
Crook	31.0
Curry	29.2
Deschutes	16.3
Douglas	25.6
Grant	16.3 [^]
Harney	10.8 [^]
Hood River	9.8
Jackson	20.1
Jefferson	24.1
Josephine	25.2
Klamath	23.2

County	Cigarette smoker (%)
Lake	13.4 [^]
Lane	21.6
Lincoln	33.1
Linn	20.5
Malheur	22.5
Marion	19.0
Morrow	15.8
Multnomah	18.8
North Central*	19.6
Polk	16.4
Tillamook	20.0
Umatilla	22.9
Union	18.6
Wallowa	8.6 [^]
Washington	14.1
Wheeler	10.7 [^]
Yamhill	16.9

[^] This number may be statistically unreliable and should be interpreted with caution.

* North Central Public Health District includes Gilliam, Sherman and Wasco counties.

Source: Oregon Behavioral Risk Factors Surveillance System 2010–2013 county combined; age-adjusted to the 2000 standard population.

Strategies to reduce and prevent tobacco use in Oregon

To reduce tobacco use, Oregon must take a comprehensive approach. Hard-hitting messages and warnings, advice and assistance to quit, increasing the price of tobacco products, improving access to and affordability of cessation services, restrictions on where tobacco can be used, and restricting how tobacco can be promoted are all necessary components of an effective tobacco control strategy.⁴

Priorities, strategies and measures

Priority targets

Cigarette smoking prevalence among youth

Target: 11th grade 7.5%, eighth grade 2%

Baseline: 11th grade 10%, eighth grade 4% (2013)

Data source: Oregon Healthy Teens Survey

Other tobacco product (non-cigarette) use among youth

Target: 11th grade 15%, eighth grade 4%

Baseline: 11th grade 18%, eighth grade 6% (2013)

Data source: Oregon Healthy Teens Survey

Cigarette smoking prevalence among adults

Target: 15%

Baseline: 17% (2013)

Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Population interventions

Strategy 1: Increase the price of tobacco

Justification: Raising the price of tobacco is one of the most effective strategies for reducing tobacco initiation, decreasing consumption and increasing cessation.

Measure 1.1: Amount of state tax per pack of cigarettes

Target: \$2.33

Baseline: \$1.31 (2015)

Data source: Oregon Department of Revenue

Measure 1.2: Cigarette consumption – cigarette packs sales per capita

Target: 38.0

Baseline: 41.0 (2014)

Data source: Oregon Department of Revenue and Orzechowski & Walker, The Tax Burden on Tobacco⁵

Strategy 2: Prohibit free sampling of tobacco products, tobacco coupon redemption and other price reduction strategies

Justification: Tobacco prices have a significant effect on initiation and consumption. Strategies such as banning free samples or coupon redemption are effective non-tax ways to increase tobacco prices.

Measure 2.1: Number of jurisdictions with a comprehensive tobacco retail licensure ordinance

Target: 5

Baseline: 1 (2015)

Data source: Policy database

Measure 2.2: Number of jurisdictions with tobacco price reduction strategies such as banning free sampling or tobacco coupon redemption

Target: 4

Baseline: 0 (2015)

Data source: Policy database

Strategy 3: Increase the number of tobacco-free environments

Justification: Tobacco-free environments protect people from exposure to secondhand smoke, encourage tobacco users to quit and help former smokers remain tobacco-free.

Measure 3.1: Percentage of government entities with comprehensive tobacco-free properties/campus policies

Target: 100% for all categories

Baseline: State agencies: 100% (2015)

Counties: 20% (2015)

Tribes: 0% (2015)

Community colleges: 29% (2012)

Public universities: 29% (2012)

Public housing: 91% (2012)

Data source: Policy database

Health equity interventions

Strategy 1: Increase protections for secondhand smoke among low-income and service-industry employees

Justification: Oregon adults are still exposed to secondhand smoke while working in places where smoking may not be prohibited under the Indoor Clean Air Act. These workers are often of lower socioeconomic status. These places include outdoor dining food service areas, hotels, casinos, home care and construction.

Measure 1.1: Number of jurisdictions with public policies that prohibit smoking and tobacco use where low-income and service workers are still exposed to secondhand smoke (i.e., address exemptions to the Indoor Clean Air Act: outdoor dining food service areas, hotels, casinos, home care and construction).

Target: 10

Baseline: 0 (2015)

Data source: Policy database

Strategy 2: Increase the number of Department of Human Services (DHS) and Oregon Health Authority (OHA) mental and behavioral health service providers that adopt tobacco-free campus policies, adopt tobacco-free contracting rules and refer clients and employees who smoke to evidence-based cessation services

Justification: DHS and OHA provide essential social and health services to client and consumers. DHS and OHA served over 1.4 million Oregonians in 2014. DHS and OHA are two of the largest state agencies that jointly employ over 11,000 people.

Measure 2.1: Number of DHS and OHA policies that support health for clients and employees

Target: 5

Baseline: 2 (2015)

Data source: OHA administrative data

Health system interventions

Strategy 1: Create incentives for private and public health plans and health care providers to prevent and reduce tobacco use

Justification: Incentive measures and alternate payment methodologies ensure health plans and health care providers are working on a common set of priority areas designed to improve care and access, eliminate disparities and contain health care costs. The measures currently focus on public health plans, but measures will be expanded to include private insurers as data become available.

Measure 1.1: Number of public health plans that receive an incentive or shared savings payment for tobacco prevention

Target: 16 CCOs, PEBB and OEBC carriers

Baseline: 0 CCOs, PEBB and OEBC unknown (2015)

Data source: OHA Metrics and Scoring, PEBB and OEBC contracts

Measure 1.2: Number of public health plans that incorporate tobacco prevention in alternative payment methodologies for contracted providers

Target: 16 CCOs, PEBB and OEBC carriers

Baseline: Unknown, developmental measure (2015)

Data source: CCO Transformation Plans, PEBB and OEBC contracts

Strategy 2: Ensure availability of comprehensive cessation benefits through private and public health plans

Justification: More than three-quarters of adults in Oregon who smoke want to quit. Success can depend on receiving evidence-based support, including counseling and medication. Comprehensive cessation benefits offered by health plans play an important role in providing Oregon adults the support needed to successfully quit.

Measure 2.1: Number of public health plans with comprehensive, barrier-free cessation benefits as defined under the Affordable Care Act

Target: 16 CCOs, PEBB and OEBC carriers

Baseline: 0 CCOs, PEBB and OEBC unknown (2014)

Data source: CCO Cessation Benefits Survey, PEBB and OEBC contracts

Measure 2.2: Smoking prevalence among pregnant women

Target: 8%

Baseline: 11% (2012)

Data source: Oregon birth certificate statistical file

Strategy 3: Create tobacco-free private and public health plans, health systems and hospitals

Justification: Tobacco-free environments protect people from exposure to secondhand smoke, encourage tobacco users to quit and help former smokers remain tobacco-free.

Measure 3.1: Number of public health plans that have a 100% tobacco-free campus policy that prohibits tobacco use on all campuses for employees, clients, patients, vendors and visitors with all contracted providers and facilities.

Target: 16 CCOs, PEBB and OEBC carriers

Baseline: 0 CCOs, PEBB and OEBC unknown (2015)

Data source: Policy database, PEBB and OEBC contracts

Measure 3.2: Number of hospitals that have a 100% tobacco-free policy that prohibits tobacco use on all campuses for employees, clients, patients, vendors and visitors.

Target: Pending

Baseline: Unknown, developmental measure (2015)

Data source: Policy database

¹ Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Oregon Tobacco Facts 2013, Costs of Tobacco. 2013. Retrieved from: <https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/oregon-tobacco-facts.aspx>.

² Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Adult Data: Tobacco use and related topics, Oregon 2013. 2013. Retrieved from: <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/AdultData.aspx>.

³ Oregon Health Authority, Office of Health Analytics. 2014 Medicaid Behavioral Risk Factor Surveillance Survey. 2015. Retrieved from: www.oregon.gov/oha/analytics/MBRFFS%20Docs/2014%20MBRFSS%20State%20Total%20Data%20Tables.pdf.

⁴ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs. 2014. Retrieved from: www.cdc.gov/tobacco/stateandcommunity/best_practices/.

⁵ Orzechowski & Walker. The Tax Burden on Tobacco. 2014. Available at: www.taxadmin.org/fta/tobacco/papers/tax_burden_2014.pdf.